



## PATENT APPLICATION

Attorney Docket No. 13187/2

## ON THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bates et al.

Application No.: 09/679,391

Filed: October 3, 2000

For: Method and Apparatus for Associating the Color of  
an Object with an Event

Group Art Unit: 2672

Examiner: Blackman, A.

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with  
the United States Postal Service as first class mail in  
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1-22-02  
Date

*John S. Paniaguas*  
John S. Paniaguas  
Registration No. 31,051  
Attorney for Applicant(s)

## AMENDMENT TRANSMITTAL

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FEB 19 2002

Technology Center 2600

U.S. Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

1. ( ) A paper requesting correction/substitution of drawings is attached.

## 2. Fee for Claims

(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown  
below:

|                                   |                                  |                                 |    |               | SMALL ENTITY |                | OTHER THAN A SMALL ENTITY |                |
|-----------------------------------|----------------------------------|---------------------------------|----|---------------|--------------|----------------|---------------------------|----------------|
|                                   | Claims Remaining After Amendment | Highest No. Previously Paid for |    | Present Extra | Rate         | Additional Fee | Rate                      | Additional Fee |
| Total                             |                                  | Minus                           | 20 | --            | x 9          | --             | x 18                      | --             |
| Indep.                            |                                  | Minus                           | 3  | --            | X 80         | --             | x 40                      | --             |
| Fee for Multiple Dependent Claims |                                  |                                 |    |               | +130         |                | +240                      | --             |
| TOTAL ADDITIONAL FEES             |                                  |                                 |    |               |              |                | OR                        | -----          |

3. **Method of Payment of Fees**

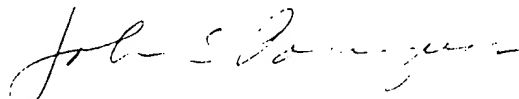
- ( ) Enclosed is our firm check in the amount of: \$ \_\_\_\_\_
- ( ) Charge \$ \_\_\_\_\_ to Deposit Account No. 50-1214.

4. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

January 22, 2002  
(Date)

By:



John S. Paniaguas  
Registration No. 31,051

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